

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

### Family Day Care Home Enrollment Form FY 2009

Child's Name	Related to Provider		Date of Birth
	Yes	No	

Dear Parents,

This child care provider has chosen to participate in the Child and Adult Care Food Program (CACFP). This program assists the provider in providing nutritious meals to your child. Under the CACFP regulations, the day care home provider may NOT charge you a separate fee for meals that are claimed for reimbursement.

In an effort to improve our Program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care center. Should you have questions regarding the completion of this form, please contact \_\_\_\_\_ (name of FDCH sponsor) at \_\_\_\_\_ (phone number). **Please fill in ALL of the following information:**

Name of Parent/Guardian			
Home Address:			
Home #:	Cell #:	Work #:	

Is your child in full time attendance? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the days your child is normally in care?

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

What are the hours your child regularly spends at child care? \_\_\_ am to \_\_\_ pm

Example: 7:30 am to 4:30 pm

What meals is your child served while at child care?

\_\_\_ Breakfast \_\_\_ AM Snack \_\_\_ Lunch \_\_\_ PM Snack \_\_\_ Supper \_\_\_ Late Night Snack

Do you supply any food to the day care home due to medical or religious reasons for your child? If so, list foods supplied. \_\_\_\_\_

Are there any unusual guardianship or custodial relationships? \_\_\_\_\_

**\*The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/08 if the participant attends by or on October 1, 2008. After October 1, 2008, list the participant's actual first day of attendance.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Enrollment

If you have any questions about the CACFP and its administration, you may contact Paul McElwain, Division Director, or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.